FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

Recognizing the Jurisdiction and Autonomy of First Nations: An Essential Step in Health and Social Services

Access, equity and recognition: Fundamental principles for a lasting relationship

Joint brief concerning Bill 15,
An Act to make the health and social services system more effective

Tabled in
the Committee on Health and Social Services

National Assembly of Québec
May 19, 2023

AFNQL
ASSEMBLY OF FIRST NATIONS QUEBEC-LABRADOR

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Introduction

On March 29, 2023, Christian Dubé, Minister of Health and Social Services, presented Bill 15, *An Act to make the health and social services system more effective,*[1] to the National Assembly of Québec. The bill proposes a renewed framework for Quebec's health and social services system and modifications to its governance.

This brief outlines the issues facing First Nations[2] and proposes certain measures that the Quebec government should put in place swiftly to ensure that Bill 15 meets the unique needs of First Nations. We ask that our recommendations presented on May 23, 2023, as part of the special consultations, and detailed in this brief, be taken into consideration by the members of the Committee on Health and Social Services.

1. About the organizations

1.1 Assembly of First Nations Quebec-Labrador (AFNQL)

Created in 1985, the AFNQL is a political organization that brings together 43 Chiefs of the First Nations communities in Quebec and Labrador. It deals with numerous matters, including the defence of First Nations title, ancestral rights and treaty rights; federal and provincial government policies and laws that compromise First Nations customs and ways of life; funding levels; government decisions and relations with governments; economic development; all social, economic and cultural matters; and, in general, all matters relating to self-governance, international relations and national relations with the government.

1.2 First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)

The FNQLHSSC is a non-profit association created by resolution of the AFNQL Chiefs in 1994. It is responsible for supporting the efforts of First Nations in Quebec to plan and offer culturally appropriate and preventive health and social services programs. The FNQLHSSC's mission is to accompany First Nations in Quebec in achieving their health, wellness, culture and self-determination goals. Its principal scope of action is related to governance, early childhood, health, social services, social development, research and information resources.

2. Summary

In Quebec, the First Nations health and social services institutions targeted by this brief exist and operate within First Nations communities throughout the territory. With the support of funding agreements with the federal government, they operate the local infrastructure needed to provide accessible health services to the First Nations population. They also cooperate with institutions in the Quebec network so that users in their communities can benefit from the specialized services offered in these institutions. This reality is not reflected in Quebec legislation, which only recognizes communities that have signed a modern treaty with Quebec.

The position expressed by the AFNQL and the FNQLHSSC confirms there is a need for the legislative text of Bill 15 to clearly recognize the First Nations health and social services institutions and the specific regime that governs these autonomous bodies and their representative organizations, as partners of the Quebec health and social services network institutions. This formal recognition must fully respect the principle of First Nations self-governance and include new provisions providing for their distinct and specific representation within the various consultation and decision-making bodies at the

[1] Hereinafter referred to as Bill 15.
[2] The communities covered by this brief are the First Nations in Quebec with the exception of the Cree, Naskapi and Inuit Nations.

central, regional, and local levels of the Quebec health and social services system. It must also integrate the First Nations' own principles of cultural safety.

3. First Nations health and social services institutions and Bill 15

The *Constitution Act, 1867* gives the federal Parliament exclusive jurisdiction over "Indians and lands reserved for the Indians."[3] The federal government is involved with First Nations in all spheres of activity, including funding and support of health and social services, in cooperation with the Quebec network. However, provincial laws of general application (health and social services, building safety and sanitation, etc.) are valid on reserve territory, unless a federal law or regulation is applicable or the band council adopts a law or regulation in this regard.[4]

3.1 Health and social services institutions in First Nations communities: Essential local services

First Nations and Inuit communities are located across the entire territory of Quebec. The proximity or remoteness of a community to an urban environment is an important factor to consider among the social determinants of health and wellness of its population. Out of 31 First Nations communities, only 17 are located less than 50 km from a city or town offering essential services, and they account for 68% of the population. The other communities are in rural (eight communities), isolated (two communities) and hard-to-access (four communities) zones.[5] For some communities, this remoteness places real constraints on access to second- and third-line health care and social services, which are mainly offered in institutions of the Quebec health and social services network and distributed based on the demographics and needs of the non-Indigenous population.

The health and social services centres and nursing stations in First Nations communities are the anchors of the first-line health and preventive services offered to the population in each community.[6] These institutions employ health professionals (nurses, doctors, psychologists, dentists, etc.), social services professionals (social workers, psychoeducators, etc.) and other human resources with diverse areas of expertise. The people working in these fields are hired by the band council or an institution commissioned by the band council. The community oversees the organization and management of health and social services on its territory and is responsible for the delivery and quality of care. Depending on the services offered and the governance structure of the community, staff receive users requiring physical or psychological care and offer first-line prevention services and other services as needed. Users are referred to an institution in the Quebec health and social services network for

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[3] *Constitution Act, 1867*, R.S.C. 1985, Appendix II, no. 5, s. 91(24).

[4] See Sébastien GRAMMOND, *Terms of Coexistence. Indigenous Peoples and Canadian law,* Brussels, Bruylant and Éditions Yvon Blais, 2003, pp. 361-377.

[5] The classification established by Indigenous Services Canada to determine a community's degree of remoteness is as follows:
Zone 1 (urban): the community is less than 50 km from the nearest service centre with year-round road access. **Zone 2 (rural)**: the community is between 50 and 350 km from a service centre with year-round road access. **Zone 3 (isolated)**: the community is over 350 km from a service centre with year-round road access. **Zone 4 (hard to access or special access)**: the community has no year-round road access to a service centre and, as a result, incurs higher transportation costs.

[6] Nursing stations open 24 hours a day, seven days a week provide emergency care, first-line prevention services and community health programs in communities without road access or with difficult road access in winter. Health centres offer the same services five days a week during regular working hours. Nursing station and health centre users can also obtain services at the nearest Quebec health care institution (centre intégré de santé et de services sociaux [CISSS] or centre intégré universitaire de santé et de services sociaux [CIUSSS]).
Only the communities of Kahnawake and Wendake have additional government-funded facilities that are part of the Quebec health and social services network, namely the Kateri Memorial Hospital Centre in Kahnawake and the Akhiakahratatha'yeh CHSLD in Wendake. Additionally, the communities of Akwesasne, Timiskaming and Mashteuiatsh each have a residence licenced to operate a residential and long-term care centre.

second- and third-line care as required.[7] When users return to the community after receiving specialized care, staff ensure follow-up and coordination of care with the institution. Almost all the communities are served by a visiting doctor, but with varying frequency.[8]

Moreover, programs funded by Indigenous Services Canada (ISC) allow residential care facilities for adults to offer adult placement and housing services in their traditional living environment for persons with decreasing independence requiring less than two and a half hours of care per day. ISC also funds home support and home management services, which complement the federal home care program.

It should be noted that the residential care facilities for adults are located within the communities and are independent of the institutions in the Quebec network, although some facilities located in these communities are operated under a private facility licence issued by the Ministère de la Santé et des Services sociaux (MSSS).[9] Many of the facilities in the communities are accredited by Accreditation Canada or are in the process of becoming accredited.

ISC also funds six substance use treatment centres for First Nations and Inuit: five centres for adults and one centre for youth.[10] Their activities partly correspond to the rehabilitation services that are described in Bill 15 and that are provided in "rehabilitation centres."[11]

The activities provided in these types of facilities can be integrated with those described in Bill 15[12] and could be subject to the authorization system it imposes[13] as well as the operating conditions imposed by the law and its regulations. This is despite the fact that these facilities already have their own local structures and their own administrative and clinical operating rules, which comply with the ethical and legal requirements of the professionals they employ, in a context that reflects the culture and language of the local population.

3.2 Recognition of First Nations institutions as autonomous partners of the Quebec network

First Nations health and social services institutions exist and operate within First Nations communities throughout Quebec. With the support of funding agreements with the federal government, they operate the local infrastructure needed to provide accessible health services to the First Nations population. They also work with institutions in the Quebec network on a daily basis so that users in their communities can benefit from the specialized services offered in Quebec institutions. Regrettably, this reality is not reflected in Quebec legislation, which only recognizes communities that have signed a modern treaty with the province. The Quebec government has introduced specific legislation to integrate institutions in such communities into their network and contribute financially to their support and operations.

The communities of the Nations that this brief concerns want to retain their freedom to enter into agreements with Quebec at their discretion. However, the *Act respecting health services and social services*,[14] in its current form, completely ignores their wishes, in that it fails to formally recognize the autonomous health and social services institutions through which these communities offer services to

[7] Some communities may offer certain second-line services. For example, the Kateri Memorial Hospital Centre or 24-hour nursing stations, depending on the professionals who work there, etc.
[8] These doctors are paid by the RAMQ.
[9] Ministère de la Santé et des Services sociaux. (2007). *Delivery and Funding of health services and social services for aboriginal people (First Nations and Inuit)*, Gouvernement du Québec. https://publications.msss.gouv.qc.ca/msss/fichiers/2007/07-725-02A.pdf (retrieved May 8, 2023).
[10] https://www.sac-isc.gc.ca/eng/1576090254932/1576090371511 (retrieved May 14, 2023).
[11] Bill 15, ss. 3(5) and 40(5).
[12] Bill 15, ss. 3(1) and (5), ss. 513 to 525, ss. 526 to 529.
[13] Bill 15, s. 485.
[14] R.S.Q., c. S-4.2. Hereinafter, AHSSS.

their populations. We find this same omission in Bill 15, which means that the services offered to these populations is not considered essential by the territorial institution[15] in the same way as services offered by the local health and social services network to the population of the territory served.

Although autonomous, First Nations institutions are, in a way, an extension, in each community, of the population coverage that the territorial institution must provide for under Bill 15. In its current form, the bill does not give territorial institutions explicit power to propose to the First Nations institutions in its region appropriate mechanisms for substantially improving the effectiveness of local services to make them comparable to those offered to the general population, while respecting their autonomy. However, some of the individuals who may require or receive services from institutions in the Quebec network under the Act[16] are also First Nations peoples.

Among the issues to address, there is a need to create service corridors and provide professionals working in First Nations institutions with access to health and social services information.

In 2019, the Government of Canada, the Government of Quebec and the AFNQL signed a tripartite memorandum of understanding within the framework of the health and social services governance process for the First Nations in Quebec. One of the objectives of the memorandum is to "[c]onsolidate and clarify the workings of a tripartite partnership of collaboration and coordination so as to contribute to improving the health and wellness of the First Nations in Quebec."[17] It has the further objective of encouraging the parties to "[p]articipate in the development of a health and social services governance model that confers more autonomy and control to the First Nations in Quebec to close the gaps and improve their living standards in relation to those of the populations of Quebec and Canada."[18]

The memorandum calls for "[w]orking together so that issues related to jurisdictional issues are analyzed according to the roles and responsibilities of each party, and that changes are made when required, to better respond to the realities experienced by First Nations in Quebec."[19] One of the priorities of the parties is to "[i]dentify obstacles and possible solutions to facilitate fair and equitable access for the First Nations in Quebec to high quality health and social services and programs according to the roles and responsibilities of each party."[20]

Bill 15 now gives the Quebec government and First Nations in Quebec a unique opportunity to address a major obstacle to fair and equitable access for First Nations. Specifically, the bill could include certain measures such as explicit recognition of health and social services institutions under the authority of band councils or institutions designated and recognized by band councils as autonomous institutions and "partners" in the local health and social services network.

The Quebec government can, in other words, take measures to enable First Nations institutions to occupy their rightful place as autonomous partners alongside institutions in the Quebec network. This is the way to extend to First Nations users the effectiveness Bill 15 seeks to bring to the Quebec network through **local management**.[21]

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[15] Role of a territorial institution in Bill 15, ss. 345 to 347.
[16] Bill 15, s. 5 et seq.
[17] Tripartite memorandum of understanding within the framework of the health and social services governance process for the First Nations in Quebec, s. 3(a).
[18] *Id.,* s. 3(b).
[19] *Id*., s. 3(c).
[20] *Id*., s. 5(b).
[21] See Québec, *Tabling of the bill focused on making the health and social services system more effective*, Technical briefing intended for journalists, Ministère de la Santé et des Services sociaux, March 29, 2023.

In keeping with the objectives for achieving this, **First Nations institutions have already been placed under the responsibility of a single directorate** that makes decisions locally to ensure their smooth functioning. This directorate has all the latitude, **legitimacy** and flexibility to act and intervene at the right time. It already provides services adapted to the local needs and realities for all the client segments within the community. The time has come to recognize them distinctly. **(Recommendations 1 and 2)**[22]

3.3 Recognition of First Nations governments and participation of their designated representatives in various bodies within the Quebec network

Bill 15 proposes a distinction between the political and administrative components, and this is a good choice. It is essential that First Nations are able to register as partners for these two components.

At the political level, where the MSSS is involved, a provincial committee made up of First Nations representatives must be created, as with the Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise [Provincial Committee for the Provision of English Language Health Services and Social Services][23] and the Comité national pour les services aux personnes issues des communautés ethnoculturelles [Provincial Committee for the Provision of Health Services and Social Services to People from Ethnocultural Communities].[24] First Nations must remain distinct and cannot be integrated into ethnocultural or linguistic groups from very different geographical, historical, social and legal backgrounds. The work of this advisory committee would focus primarily on aspects that concern First Nations or may have a direct impact on them. It would also have the role of advising the minister and assisting the work of the MSSS in developing laws, access programs,[25] ministerial action plans and legislative or regulatory amendments that could affect First Nations. **(Recommendation 3)**

At the administrative level, where Santé Québec is involved, provisions should be added to the bill to specify:

- First Nations' role as privileged interlocuters of Santé Québec to support the delivery of health and social services to First Nations
- That this role of interlocuter must be played by one or more First Nations bodies designated by First Nations themselves
- Measures conferring this role of privileged interlocuter in a concrete way in the committees that will be set up by Santé Québec under the legislation[26] and with other bodies such as the Commissaire national aux plaintes et à la qualité des services[27]
- Assignment of a seat on the board of directors of Santé Québec[28] specifically reserved for a representative designated by First Nations
- Assignment of a seat on each governing board[29] specifically reserved for a representative designated by First Nations

[22] The recommendations are included in the Appendix to this brief.
[23] Bill 15 s. 349.
[24] Bill 15, s. 352.
[25] This would include access programs in regional institutions for English-speaking First Nations people, Bill 15, s. 348.
[26] Notably, participation in the National Watchdog Committee (ss. 47-48); creation of regional advisory committees on access programs of First Nations users (ss. 350-351).
[27] Bill 15, s. 605.
[28] Bill 15, s. 30.
[29] Bill 15, s. 107.

- Strategic communication mechanisms directly linking a representative designated by First Nations to the executive director or president of each institution

It is important that the bill include these types of measures, along with the others mentioned in this brief, so that they can be **structuring** and **sustainable** and can later be considered in the evolution of Quebec's legislative and regulatory framework. **A specific section reserved for First Nations should be added to the bill** to ensure clear recognition of First Nations health and social services institutions and to set out the special system that applies to these autonomous entities and their representative organizations, alongside the MSSS, Santé Québec and institutions in the Quebec health and social services network. **(Recommendation 4)** Among the required structural and governance improvements, First Nations have also proposed that the role of the Direction des affairs autochtones of the MSSS be redefined to reflect ongoing changes in First Nations governance. This bill is an ideal opportunity to address these issues and commit to working together to improve access to services and strengthen the relationships between our governments and institutions. (**Recommendation 5**)

4. Establishing a service corridor with First Nations institutions

4.1 Second- and third-line specialized and highly specialized services

Under the current organizational model, when users require specialized health and social services, this typically entails staying in an institution in the Quebec network, except when these services are provided periodically by travelling professionals (visitors) based on availability. Generally speaking, **institutions in the Quebec network do not offer services to First Nations living in the communities, unless there is a specific agreement with local bodies providing, in certain cases, a financial contribution** corresponding to the costs borne by the institution for these services.

As a result, families that require care from health specialists (e.g., speech therapists, audiologists, occupational therapists) generally must go to an institution in the Quebec network[30] and are often put on very long waitlists.

Conversely, non-Indigenous children and families can, even in remote regions, receive this kind of care in private homes, schools, clinics and locations the municipality uses for such care, without any charge to families or local authorities. This reality is often interpreted as discriminatory.

In the Government Action Plan for the Social and Cultural Wellness of the First Nations and Inuit,[31] the Quebec government recognizes the need to "[e]nhance the accessibility, continuity and quality of services in the realm of general psychosocial, mental health, addiction, homelessness, and suicide prevention needs […]" for First Nations in Quebec.[32]

To this end, it proposes:

> "[…] the creation of **permanent** service corridors and mechanisms for liaison, coordination and communication, based on the signing of agreements to promote the transfer of knowledge and expertise, the adaptation of clinical tools to reflect cultural specificities, the forwarding of information, and the raising

[30] In many cases, this can involve many hours travelling by car or plane.
[31] Gouvernement du Québec, *Together for Future Generations – 2022-2027 Government Action Plan for the Social and Cultural Wellness of the First Nations and Inuit*. Online: https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/conseil-executif/publications-adm/srpni/administratives/plan_action/2022-2027/en/GAPSCWFNI_22-27.pdf.
[32] *Id*. Measure 5.1, p. 37.

of awareness among HSSN personnel about the realities faced by First Nations members."[33] [emphasis added]

All these actions could be bolstered if health and social services institutions under the authority of band councils were recognized in the law as "partner" institutions in the local health and social services network. The territorial institution[34] should be given explicit legal responsibility for working with First Nations institutions in the region it serves to propose and agree on appropriate mechanisms.[35] This would improve the effectiveness of local services over the long term, making them at least comparable to the services offered to the general population, while respecting the autonomy of the First Nations institutions. Such a measure would have the same objective of effectiveness as Bill 15 in that it improves access to health and social services in communities through better local distribution of clinical (multidisciplinary and social) and medical resources.[36] **(Recommendation 6)**

It would also be appropriate to propose that such agreements be extended to other services, like public health, perinatal services and youth protection, provided that a partner health and social services institution has the necessary resources and is prepared to negotiate with the institutions responsible for the network to ensure an optimal continuum of services.

Moreover, First Nations have always integrated principles of cultural safety into their practices. To ensure and facilitate First Nations' access to services in the Quebec health and social services network, First Nations should define the fundamental principles to be integrated into the law and applied to institutions in the Quebec network and their staff.[37] This approach would also apply to services offered in English and to the adaptation of support services, when required, into First Nations languages. (**Recommendation 7**)

4.2 Public health

In terms of public health, many challenges face health and social services institutions in First Nations communities. During the recent COVID-19 pandemic, institutions in the communities had to support the local authorities in determining the measures to be taken. They provided guidance regarding lockdown measures; closed off access to the territory; applied health measures; and conducted testing, case management, vaccination and more. It was essential for them to keep the channels of communication open between themselves and the MSSS, public health departments and institutions in the network. They had to promptly obtain clinical and technical information on the measures to take and, in certain cases, receive assistance from nurses in the Quebec network for testing and vaccination services.

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[33] *Id.* These actions would be supported by funding from Quebec. "The funding may, for example, support the hiring of extra navigators, the implementation of outreach interventions, and the implementation of initiatives to meet needs identified by communities and the HSSN."

[34] Bill 15, ss. 345-346.

[35] To support these mechanisms, necessary adjustments need to be made to regional medical staffing plans (RMSPs) so that the Quebec network can ensure that its institutions and facilities have ample medical staff. They need to be able to deploy medical professionals in the communities, within service corridors established jointly with community health institutions under partnership agreements.
It would also be appropriate to include a specific measure for First Nations by offering First Nations professionals the possibility of returning to practise in or near a community, and by removing obstacles in the rules governing medical practice and those of other professions. This would also be a way to strengthen cultural safety by providing culturally-adapted care and developing the next generation of professionals in or near communities.

[36] Québec, *Tabling of the bill focused on making the health and social services system more effective,* Technical briefing intended for journalists, Ministère de la Santé et des Services sociaux, March 29, 2023. **See priority area 2.**

[37] *Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec. Summary Report* (CERP or "Viens Commission"). See Calls for Action 74, 75 and 76.

However, a number of communities encountered problems with the transmission of information by regional public health authorities, despite the fact that these public health authorities are required to oversee and monitor the health situation throughout their territory. Given that the health institutions in the communities were not recognized as institutions within the definition of the AHSSS, they were excluded from discussions on ministerial directives and orders, testing strategies and so on, not to mention that they were not included on the MSSS's mailing list.[38] This administrative isolation resulted in delays as well as uncertainty among the staff of these institutions as to the accuracy of the information on which they were basing their decisions and carrying out their clinical activities. Another consequence of this "administrative isolation" was, of course, the risks it entailed for the First Nations population. Added to this, there were issues related to English-language document translation, resulting in considerable delays in ascertaining accurate procedures in real time, potentially putting our populations at risk. These consequences are incompatible with the bill's objective of increasing the efficiency of the health and social services system, and particularly with its first priority area, which proposes "[r]eturning to local management."[39]

To avoid the administrative isolation experienced by First Nations institutions when facing potential or real threats to public health, their status in Bill 15 as autonomous partner institutions in the Quebec health and social services network should be extended to public health activities.
(Recommendation 8)

5. Authorizing access to health and social services information by First Nations institutions for clinical, management and research purposes

The FNQLHSSC and the communities have been working with the MSSS for several years on projects to develop digital health solutions for communities and organizations: I-CLSC, Réseau de services intégrés pour les personnes adultes, electronic medical record and Québec Health Record. This partnership is possible because the managers and professionals in institutions in First Nations communities apply the same standards as institutions in the Quebec network when it comes to protecting health and social services information. The FNQLHSSC supports them by offering training and technical support, with the help of private partners. However, so far the government has refused to adapt its legislation to facilitate the collaboration for the benefit of users in the communities.[40]

In the current legislative framework, despite formal requests from the FNQLHSSC, First Nations health and social services institutions are not authorized to access health and social services data because they are not part of the Quebec network or are not associated with it in the manner described in the *Act respecting the sharing of certain health information*[41] or the new legislation, *An Act respecting health and social services information and amending various legislative provisions*.[42]

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[38] AFNQL, *Assessment and outlook: First wave of the COVID-19 pandemic in First Nations in Quebec: March 13 to July 31, 2020*, Wendake, 2020, p. 35. Online: https://files.cssspnql.com/index.php/s/yvHlfVmqwozNzx9 https://cssspnql.com/en/produit/bilan-et-perspectives-premiere-vague-de-la-pandemie-de-covid-19-chez-les-premieres-nations-au-quebec-du-13-mars-au-31-juillet-2020/.

[39] Québec, *Tabling of the bill focused on making the health and social services system more effective,* Technical briefing intended for journalists*,* Ministère de la Santé et des Services sociaux, March 29, 2023.

[40] In particular, in the special consultations and public hearings on Bill 3, the Quebec government did not follow up on the recommendations contained in the brief submitted by the AFNQL and the FNQLHSSC. See AFNQL, FNQLHSSC, *Brief – An innovative, efficient system that is respectful of users' rights and free of all forms of discrimination*, Wendake, 2023, 10 pages. Online: https://cssspnql.com/en/produit/bill-3-an-act-respecting-health-and-social-services-information-and-amending-various-legislative-provisions-an-innovative-efficient-system-that-respects-users-rights-and-is-free-of-all-fo/.

[41] R.S.Q., c. P-9.0001, ss. 4 and 71-72.

[42] *An Act respecting health and social services information and amending various legislative provisions*, assented to on April 4, 2023 (S.Q. 2023 chap. 5, formerly Bill 3). Bill 3 will repeal and replace the *Act respecting the sharing of health information*,

Currently, the professionals and staff who work in these institutions, even members of professional orders, are not authorized to access data concerning their communities held by the MSSS and its network from a community covered by this brief (Québec Health Record, laboratory or MRI results, etc.).

As a result, user records are often incomplete, which leads to more work and delays for staff seeking to collect the required information. The professionals and staff working in these First Nations health and social services institutions[43] should have access to the health and social services information of their users as easily as their colleagues in institutions in the Quebec health and social services network.[44] This is an important issue in terms of equity in the provision of services[45] for these local institutions that are essential in the continuum of care for First Nations users.[46]

Furthermore, the Viens Commission report addresses these issues in its Call for Action no. 5:

"Make the necessary administrative and legislative changes to allow Indigenous authorities to access data about their populations at all times, in the health and social services sectors in particular."[47]

If First Nations institutions do not enjoy the same direct and complete access to health and social services information as institutions and organizations in the Quebec network, they will not benefit from the progress announced in Bill 15, unlike the general public. **They will face the same inadequacies in their health and social services as they do now—issues that are rooted in a form of systemic, structural discrimination.** (**Recommendation 9**)

The need among First Nations for access to health data also extends to access and use of data for research on their populations. With the reform underway at the MSSS in the management of health data, which will be defined as health and social services information[48] and centralized in databases belonging to the MSSS,[49] new rules have been established. These rules favour research projects conducted by institutions in the Quebec network, ignoring First Nations institutions and their organizations. First Nations have distinct needs in the fields of research and monitoring, since the research projects carried out on First Nations by health institutions and universities are limited and not always aligned with community-defined priorities.[50] First Nations in Quebec are currently developing a regional strategy on information governance. Notably, they want to carry out their own research and participate in the decision-making process surrounding the centralized management of health and social services information concerning their populations and the authorization of research projects for which the use of this information is sought. (**Recommendations 10 and 11)**

R.S.Q., c. P-9.0001 (see Bill 3, s. 207). At the time of writing, the decree indicating the date on which Bill 3 will come into force has not yet been published in the *Gazette officielle du Québec*.

[43] Specifically, health centres, nursing stations, residences for seniors or individuals experiencing loss of autonomy and treatment centres that are located on a community's territory and do not belong to the Quebec network.

[44] Bill 3, s. 4.

[45] It is also a key part of the goal to offer safe, quality services (see Bill 15, s. 1).

[46] AFNQL and FNQLHSSC, *Brief – An innovative, efficient system that is respectful of users' rights and free of all forms of discrimination*, Wendake, 2023, 10 pages. Online: https://cssspnql.com/en/produit/bill-3-an-act-respecting-health-and-social-services-information-and-amending-various-legislative-provisions-an-innovative-efficient-system-that-respects-users-rights-and-is-free-of-all-fo/.

[47] *Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec*. *Summary Report*. (2019). https://www.cerp.gouv.qc.ca/fileadmin/Fichiers_clients/Rapport/Summary_report.pdf.

[48] Bill 3, s. 2.

[49] Bill 3, s. 253 amending the AHSSS to insert sections 521 to 529 establishing the national information filing system and defining its operating rules.

[50] AFNQL. (2014). *First Nations in Quebec and Labrador's Research Protocol.* https://files.cssspnql.com/index.php/s/QiqXsFdCfIs0CYV .

Conclusion

The position expressed by the AFNQL and the FNQLHSSC confirms the need for formal recognition of the existence of all the Nations in Quebec to be included in the body of the legislative text of Bill 15.

Despite the changes proposed by the bill, the reality of First Nations in Quebec remains uncertain with regard to the place they occupy and should occupy in this new structure.

One would expect that the commitments made when the tripartite memorandum of understanding was signed will be reflected in the new law and that the Quebec government's true commitment will be demonstrated through concrete actions. This means creating distinct mechanisms for First Nations to ensure that their voices are heard and advising the relevant ministers on the priorities and issues of concern.

This moment is an opportunity for the Quebec government and First Nations to strengthen their relationship, and it is the time to finally recognize First Nations local government health and social services institutions by expressly including them in the bill. A genuine relationship of this kind can only have positive impacts on our populations at the human, clinical, cultural, administrative and political levels.

Appendix 1 – List of recommendations

1. That health and social services institutions under the authority of band councils be explicitly recognized in the bill as autonomous institutions and “partners” in the health and social services network.
2. That the conditions associated with the recognition of First Nations health and social services institutions in the bill fully respect the principle of First Nations self-governance.
3. That a specific provincial First Nations committee be created to serve as an advisory committee to the Minister of Health and the Minister responsible for Social Services regarding the development of access programs, ministerial action plans and even legislative and regulatory changes that may affect First Nations.
4. That a specific section reserved for First Nations be added to the bill to ensure clear recognition of First Nations health and social services institutions and the special system that applies to these autonomous entities and their representative organizations as partners of institutions in Quebec’s health and social services network.
5. That the current structure of the Direction des affaires autochtones of the MSSS be evaluated and redefined in partnership with representatives of First Nations communities and organizations.
6. That territorial institutions be given explicit responsibility in the bill for proposing appropriate service corridor mechanisms to First Nations institutions located in the territories they serve.
7. That the principles of cultural safety established by First Nations be enshrined in *An Act to make the health and social services system more effective,* even if they stem from a separate act dealing with this matter.
8. That the recognition of First Nations health and social services institutions as autonomous institutions and “partners” in the health and social services network be extended to public health activities.
9. That the recognition of First Nations health and social services institutions result in their being authorized full access to their users’ health and social services information held by the MSSS.
10. That First Nations health institutions and their representative organizations participate in the decision-making process surrounding the centralized management of health and social services information concerning their populations and the authorization of research projects for which the use of this information is sought.
11. That the recognition of First Nations health and social services institutions be accompanied by corresponding amendments in other affected legislation, such as *An Act respecting health and social services information and amending various legislative provisions* (S.Q. 2023, c. 5).